All-Star Speech, LLC 12601 Spring Hill Dr. Spring Hill, FL 34609 **Phone** 352-616-0649 **Fax** 1-855-445-4198 Email: admin@all-starspeech.com Website: www.all-starspeech.com



Schedule of Charges

CPT Code	Description	Fee
92524	Evaluation/Re-evaluation of behavioral and qualitative analysis of voice and resonance	\$150
92522	Evaluation/Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	\$150
92521	Evaluation/Re-evaluation of speech fluency (e.g., stuttering, cluttering)	\$150
92523	Evaluation/Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	\$150
92610	Evaluation of oral and pharyngeal swallowing function	\$150
92526	Treatment of swallowing dysfunction and/or function for feeding	
92507	Speech Therapy Visit	\$50/half hour or \$100/hour
92507	Speech Therapy Visit Provided by a Speech Therapy Assistant	\$45/half hour or \$90/hour
92597	AAC Initial Evaluation Provided by a Speech-Language Pathologist	\$150
92597	AAC Re-Evaluation Provided by a Speech-Language Pathologist	\$150